



**PUBLIC EMPLOYMENT SERVICE OFFICE**  
 San Carlos City, Negros Occidental  
 Tel Fax No: (034) 312-6712



## ESTABLISHMENT FORM

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> MOTORCAB                   | <input type="checkbox"/> PEDICAB                   | <input type="checkbox"/> MOTORIZED PUMPBOAT                   | <input type="checkbox"/> NET FISHING                   |
| <input type="checkbox"/> MOTORCAB OPERATOR          | <input type="checkbox"/> PEDICAB OPERATOR          | <input type="checkbox"/> MOTORIZED PUMPBOAT OPERATOR          | <input type="checkbox"/> NET FISHING OPERATOR          |
| <input type="checkbox"/> MOTORCAB OPERATOR / DRIVER | <input type="checkbox"/> PEDICAB OPERATOR / DRIVER | <input type="checkbox"/> MOTORIZED PUMPBOAT OPERATOR / DRIVER | <input type="checkbox"/> NET FISHING OPERATOR / DRIVER |

DATE: \_\_\_\_\_

NAME OF OPERATOR: \_\_\_\_\_

MALE  FEMALE

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_

NEW  RENEWAL NO. OF UNIT(S): \_\_\_\_\_

NO.	NAME OF DRIVER (LAST NAME, FIRST NAME, INITIAL)	ADDRESS	AGE	SEX

SIGNATURE: \_\_\_\_\_



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## ESTABLISHMENT FORM

NAME OF ESTABLISHMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON/OWNER: \_\_\_\_\_

TYPE OF ESTABLISHMENT: \_\_\_\_\_

AGE: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

NEW

RENEWAL

TOTAL NO. OF EMPLOYEE(S): \_\_\_\_\_

NO.	NAME OF EMPLOYEES ( LAST NAME, FIRST NAME, INITIAL)	POSITION	AGE	SEX

SIGNATURE: \_\_\_\_\_



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NAME OF ESTABLISHMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON/OWNER: \_\_\_\_\_

TYPE OF ESTABLISHMENT: \_\_\_\_\_

AGE: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

NEW

RENEWAL

TOTAL NO. OF EMPLOYEE(S): \_\_\_\_\_

NO.	NAME OF EMPLOYEES ( LAST NAME, FIRST NAME, INITIAL)	POSITION	AGE	SEX

SIGNATURE: \_\_\_\_\_